slight elevation of left ventricular end-diastolic pressures. Our three cases, in conjunction with the case reported by the authors, suggest that a different mechanism is responsible for the severe chest pain. This may represent angina pectoris induced by ergonovine maleate due to a reduced vasodilatory reserve of the small coronary arteries,[2] an occult cardiac disease process or chest pain of extracardiac origin stimulated by ergonovine in a yet-undefined manner. It is hoped that further investigators will define this separate mechanism of chest pain.

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Can an Aorta Be Ectatic?

TO THE EDITOR: I noted Dr Rosen's comment[1] on our use of the term "ectatic" in our Medical Progress article "Abdominal Aortic Aneurysms."[2] He is quite right that "ectasis" or "ectasia" is defined as "distended" or "stretched" in *Dorland's Illustrated Medical Dictionary* —thus the common usage in "bronchiectasis," "mammary duct ectasia" and the like. Most of those involved with vascular diseases, however, understand "ectatic" to mean "tortuous" or "uncoiled," and this is a usage validated, in part at least, by the *Oxford English Dictionary,* which defines "ectasis" as "extension or stretching out" (to be fair, a second meaning for "ectasis" in the *OED* is "a state of dilatation").

While vascular surgeons and angiographers will probably continue to use the term "ectasia" to describe the tortuous, normal-caliber aorta, the purist in us agrees enough with Dr Rosen to grant that we will endeavor to stick to "tortuous" or "uncoiled" when that is what we mean.

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TO THE EDITOR: In his recent letter to the editor, Rosen objected to the use of the word "ectatic" as a synonym for "tortuous" or "uncoiled" (as in, "the thoracic aorta is ectatic").[1] He rightly pointed out that "ectatic" means distended or stretched. Like Rosen, I initially found this use of ectatic jarring, but I believe it is etymologically justified.

Morphologically, the fibers of the aging thoracic aorta stretch. This results in an increase in the diameter of the thoracic aorta (aortic dilatation). However, stretching also occurs in the *longitudinal* axis of the aorta, resulting in elongation. The thoracic aorta is in essence a fixed loop within the chest, and when elongation occurs, the arch (the top of the "loop") is not displaced superiorly. Rather, the additional length is taken up by displacement of the ascending arch into the posterior aspect of the left hemithorax.

Because this aortic elongation is the result of "stretching," it fits the definition of the word "ectatic."

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Hyperbaric Treatment

TO THE EDITOR: I was disturbed by the article "Homonymous Hemianopia Due to Cerebral Air Embolism From Central Venous Catheter"[1] in the April issue.

In both cases reported no mention was made about the primary treatment of cerebral air embolism, and that is hyperbaric treatment, preferably in a double-lock chamber in which the patient is subjected to pressure equivalent to 165 ft of water.

Had these patients been subjected to the US Navy Table 6A treatment when the diagnosis was suspected, it is possible that neither one would have been left with any neurological residual.

If a physician does not know where the nearest hyperbaric chamber is located, one should call DAN (Diving Accident Network), (919) 684-8111. They will be able to identify the nearest available chamber anywhere in the United States.

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Patient Responsibilities

TO THE EDITOR: I wish to share with the journal's readers my feelings of frustration and indignation while taking care of a very sick patient. Is it that we are losing faith, the most important part of healing?

A middle-aged man was admitted to hospital under my care with preceding history of "so-called seizure." He had arrived in Las Vegas the day before. On detailed questioning of the family and the patient, no significant past medical history was elicited. There was direct questioning about any history of alcohol consumption (including beer, because some people do not think of beer as an alcoholic beverage). Findings on physical examination were unremarkable, as were results of laboratory tests and a computed tomographic scan of brain. Even with no definite history of alcohol consumption, he was also observed for withdrawal symptoms (unpublished observations: alcohol-related syncope or near-syncope tops the list of causes of "passing out" in Las Vegas).

On the third day, profound confusion, vivid hallucinations, tremors and agitation developed—full-blown delirium tremens. At this time the mother of the patient walked up to me and said, "Yes, Doc, he is an alco-